

AUG 28 2008

PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|------------------------|-------------------|
| Application Number | 10/750,130 |
| Filing Date | December 31, 2003 |
| First Named Inventor | Paul Marinier |
| Art Unit | 2619 |
| Examiner Name | Bo Hui Alvin Zhu |
| Attorney Docket Number | I-2-0462.1US |

ENCLOSURES (Check all that apply)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> PTOL-85 Fee Transmittal (1 page, in duplicate). |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

OFFICIAL FACSIMILE

4 PAGES SENT VIA FACSIMILE TO 571-273-8300.
PLEASE IMMEDIATELY DELIVER TO EXAMINER Bo Hui Alvin Zhu,
GROUP ART UNIT 2619.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | VOLPE AND KOENIG, P.C. | | |
| Signature |  | | |
| Printed name | Darryl W. Shorter | | |
| Date | August 28, 2008 | Reg. No. | 47,942 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being sent Via Facsimile (571-273-8300) addressed to: Examiner Bo Hui Alvin Zhu, Group Art Unit 2619, on the date shown below:

| | | | |
|-----------------------|---|------|-----------------|
| Signature |  | | |
| Typed or printed name | Darryl W. Shorter | Date | August 28, 2008 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AUG 28 2008

PTO/SB/17 (05-07)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2007** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1740

Complete If Known

| | |
|----------------------|-------------------|
| Application Number | 10/750,130 |
| Filing Date | December 31, 2003 |
| First Named Inventor | Paul Marinier |
| Examiner Name | Bo Hui Alvin Zhu |
| Art Unit | 2619 |
| Attorney Docket No. | I-2-0462.1US |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 09-0435 Deposit Account Name: InterDigital Comm. Corp.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|---|--------------|----------|---------------|---------------------------|
| - 20 or HP = | x | = | | Fee (\$) |
| HP = highest number of total claims paid for, if greater than 20. | | | | Fee Paid (\$) |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--|--------------|----------|---------------|---------------------------|
| - 3 or HP = | x | = | | Fee (\$) |
| HP = highest number of independent claims paid for, if greater than 3. | | | | Fee Paid (\$) |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | | |

4. OTHER FEE(S)

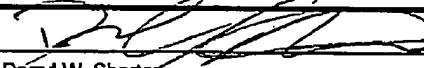
Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Issue Fee and Publication Fee

1740

SUBMITTED BY

| | | | |
|-------------------|---|---|------------------------|
| Signature |  | Registration No. (Attorney/Agent) 47,942 | Telephone 215-568-6400 |
| Name (Print/Type) | Darryl W. Shorter | Date August 28, 2008 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

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AUG 28 2008

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24374 7590 05/29/2008

VOLPE AND KOENIG, P.C.
DEPT. ICC
UNITED PLAZA, SUITE 1600
30 SOUTH 17TH STREET
PHILADELPHIA, PA 19103

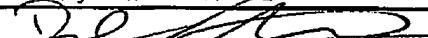
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Darryl W. Shorter

(Depositor's name)



(Signature)

August 28, 2008

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/750,130 | 12/31/2003 | Paul Marinier | I-2-0462.IUS | 9778 |

TITLE OF INVENTION: ESTIMATION OF INTERFERENCE VARIATION CAUSED BY THE ADDITION OR DELETION OF A CONNECTION

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------------|--------------|----------------|---------------------|-----------------------------|------------------|---------------------|
| nonprovisional | NO | \$1440 | \$300 | 08/29/2008 HMARZ12 00000001 | \$1440.00 | 08/29/2008 10750130 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | 01 FC:1501 | 1440.00 DA | | |
| ZHU, BO HUI ALVIN | 2619 | 370-331000 | 02 FC:1504 | 300.00 DA | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 VOLPE AND KOENIG, P.C.

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INTERDIGITAL TECHNOLOGY CORPORATION

WILMINGTON, DELAWARE

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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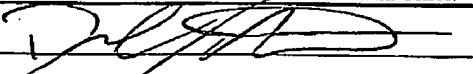
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-10435 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

August 28, 2008

Date _____

Typed or printed name Darryl W. Shorter

Registration No. 47,942

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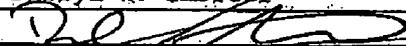
24374 7590 05/29/2008

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PHILADELPHIA, PA 19103

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Darryl W. Shorter (Depositor's name)



August 28, 2008 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/750,130 | 12/31/2003 | Paul Marinier | I-2-0462.IUS | 9778 |

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| nonprovisional | NO | \$1440 | \$300 | \$0 | \$1740 | 08/29/2008 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
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VOLPE AND KOENIG, P.C.

2

3

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INTERDIGITAL TECHNOLOGY CORPORATION

WILMINGTON, DELAWARE

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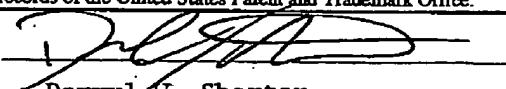
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b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Typed or printed name Darryl W. Shorter

August 28, 2008

Date

47,942

Registration No.

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